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**OFFICE OF PUBLIC INSTRUCTION**

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HELENA MT 59620-2501  
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(406) 444-3095  
888-231-9393  
(406) 444-0169 (TTY)

**Linda McCulloch**  
Superintendent

September 13, 2005

TO: Special Education/Cooperative Directors  
Candidates Currently in the Speech-Language Pathology Traineeship Program  
Candidates Interested in Applying for a Speech-Language Pathology Traineeship

FROM: Susan Bailey-Anderson  
CSPD Coordinator

Marilyn Pearson  
Assistant Director, Division of Special Education

RE: Traineeships for Speech-Language Pathology Training

The Montana Office of Public Instruction is pleased to offer approximately 10 traineeships for individuals who hold a bachelor's degree in speech-language pathology or in another field to complete the necessary requirements for licensure as a speech-language pathologist in Montana. Successful applicants will be provided traineeships on a continuing basis, for a period not to exceed five years, until they meet the requirements for licensing in Montana as a speech-language pathologist.

In order to receive a traineeship, the applicant must:

- Have a bachelor's degree in speech-language pathology or a related field;
- Be currently employed in a Montana public school; and
- Be enrolled in a speech-language program that will lead to the completion of the requirements for a master's degree in speech-language pathology; or
- In the case of an individual holding a bachelor's degree in another field, be registered for courses that serve as the necessary prerequisites to be accepted into a program leading to a master's degree in speech-language pathology and have a letter from the director of the master's program that states that the prerequisite courses that the applicant is registered to take will fully meet the requirements for entry into the master's program.

Effective as of this date, traineeship awards for individuals beginning the traineeship program will be made for up to a maximum of \$2,500 per state fiscal year (July 1-June 30) and be provided based on the following:

1. The actual cost of tuition (course fees), or

2. The actual costs of tuition, fees and housing when a student must live out of state for a portion of the time to participate in the master's program.

Note: If the actual costs of the program are less than \$2,500 per fiscal year, the successful applicant would only receive reimbursement for up to the actual cost, not the full \$2,500.

Reimbursement will be provided to the successful applicant based on the applicant providing the Office of Public Instruction with the following documentation:

- An approved application on file with the Office of Public Instruction, Division of Special Education, for each year that tuition support is requested; and
- Provision of a receipt from the university that identifies the courses in which the applicant has enrolled and the cost of the tuition for each; and
- For continuing participants, a copy of the grade transcript for the preceding semester.

For those candidates who have previously received traineeships, you will once again need to complete the application form and submit it to the Office of Public Instruction. In addition to the completed application form, please provide a progress report in a narrative form detailing how many summers you expect to attend school before meeting all requirements for licensure and your anticipated completion date. Thank you for your interest in the traineeships and continuing education toward the requirements for licensure.

If you have questions regarding the traineeship program, please call Susan Bailey-Anderson at (406) 444-2046 or Marilyn Pearson at (406) 444-4428.

Enclosures

## **IDEA-PART B PERSONNEL TRAINING**

### **APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY TRAINEESHIP**

**(To Be Completed By Individuals Who Hold A Bachelor's Degree In Speech-  
Language Pathology)**

Applicant's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

Telephone#: \_\_\_\_\_  
Work Home

E-mail Address: \_\_\_\_\_

Currently Employed by: \_\_\_\_\_  
School District/Special Education Cooperative

If a speech aide, the name of your Speech-Language Pathologist Supervisor:

Supervisor Name: \_\_\_\_\_

### **ASSURANCE STATEMENTS**

I, \_\_\_\_\_, am committed to completion of the State Board of Speech-Language Pathology and Audiology Licensure requirements for my speech-language pathology license in Montana. In addition, I am committed to working as a speech-language pathologist in Montana schools for a period of two years after I have completed licensure requirements as a speech-language pathologist.

\_\_\_\_\_  
Signature Date

Check each statement that applies to you and include the documentation for each item checked.

\_\_\_\_\_ I am enrolled in a master's program for a speech-language pathology degree. (Attach a statement from the program director that states you have been accepted into the master's program and the approximate time it will require for completion of the program, i.e., how many years.) For continuing participants, please attach a letter stating that you are continuing to enroll in the master's program of your choice (e.g., Northern Arizona University, University of Wyoming, University of Northern Colorado, Minot State, etc.).

\_\_\_\_\_ I have signed a contract for the 2002-2003 school year as a speech aide or teacher in the public schools. (Attach a letter to this effect from school/cooperative administration.)

Send this completed application to:

Susan Bailey-Anderson  
CSPD Coordinator  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

## **IDEA-PART B PERSONNEL TRAINING**

### **APPLICATION FOR SPEECH-LANGUAGE PATHOLOGY TRAINEESHIP**

**(To Be Completed By Individuals Who Hold A Bachelor's Degree In A  
Related Field But Not In Speech-Language Pathology)**

Applicant's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

Telephone#: \_\_\_\_\_  
Work Home

E-mail Address: \_\_\_\_\_

Currently Employed by: \_\_\_\_\_  
School District/Special Education Cooperative

I currently hold a bachelor's degree in \_\_\_\_\_

If a speech aide, the name of your Speech-Language Pathologist Supervisor:

Supervisor Name: \_\_\_\_\_

### **ASSURANCE STATEMENTS**

I, \_\_\_\_\_, am committed to completion of the State Board of Speech-Language Pathology and Audiology Licensure requirements for my speech-language pathology license in Montana. In addition, I am committed to working as a speech-language pathologist in Montana schools for a period of two years after I have completed licensure requirements as a speech-language pathologist.

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Signature Date

Check each statement that applies to you and include the documentation for each item checked.

\_\_\_\_\_ I am enrolled in a master's program for a speech-language pathology degree. (Attach a statement from the program director that states you have been accepted into the master's program and the approximate time it will require for completion of the program, i.e., how many years.) For continuing participants, please attach a letter stating that you are continuing to enroll in the master's program of your choice (i.e., Northern Arizona University, University of Wyoming, University of Northern Colorado, Minot State, etc.).

\_\_\_\_\_ I am taking the required prerequisite classes for entry into a program leading to a master's degree in speech-language pathology. (Attach a statement from the master's program director that states that the classes for which you are enrolled will be accepted as meeting one or more of the requirements for entry into the master's program.)

\_\_\_\_\_ I have signed a contract for the 2002-2003 school year as a speech aide or employee of a special education cooperative or public school. (Attach a letter to this effect from the school/cooperative administration.)

Send this completed application to:

Susan Bailey-Anderson  
CSPD Coordinator  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501